

FILED JAN 19 1950

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3663**  
Registrar's No. **2**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 2

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Warren</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Katy Jane Memorial Home</b>		d. STREET ADDRESS (If rural, give location) <b>2343 Hebert Street.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>W.</b> c. (Last) <b>Andrews</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 23, 1859</b>
9. AGE (In years last birthday) <b>90</b>		10. IF UNDER 1 YEAR Months Days Hours Min. <b>90</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	
11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>John W. Andrews</b>		13b. MOTHER'S MAIDEN NAME <b>Parmelia Tharp</b>	
14. NAME OF HUSBAND OR WIFE <b>Late Ida M. Andrews</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>?</b>	
16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.L. Andrews 2343 Hebert Street.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia bilateral Hypostatic</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4500</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY, OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>5-10</b> , 19 <b>48</b> , to <b>1-6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Jan 6</b> , 19 <b>50</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>W. H. Holscher M.D.</b>		23b. ADDRESS <b>Warrenton Mo</b>	
23c. DATE SIGNED <b>1-9-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan. 10th, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Und. Co., 2223 St. Louis Ave</b>	

(Licensed Embroider's Statement on Reverse Side)

**WRITE PLAINLY—USING UNFADING BLACK INK--MAKE A PERMANENT RECORD**

RECEIVED JAN 18 1950  
District Health Officer No. 9,  
District File Number

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John P. Buchholz*

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.